Request for restricted or encrypted variables on the SEER-Medicare file

Part I (to be completed by Investigator)

Name and title of investigator: _____

Organizational affiliation _____

Telephone: _____ Fax: _____ E-mail: _____

Project title: _____

Project Abstract (insert here or attach as separate document):

Type of variable requested:

_____ patient zip code   _____ unencrypted physician identification numbers (UPINs)

_____ patient census tract   _____ unencrypted hospital provider numbers

_____ provider zip code

Why these variables are needed:

This project is funded by: NCI ____   DOD ____   Other (please specify) _____

☐   I agree that if these variables are released to me that they will not be used to identify any individual cancer patient, hospital or physician. I will publish findings from this analysis at a sufficient level of aggregation to make it impossible to identify individual patients and providers, and I will not make public any information that may result in the identification by others of individual patients, hospitals or physicians.

_____	_____	_____
Date	Investigator's printed name	Investigator's signature

Name of investigator: _____

Project title: _____

SEER PI: _____

Part II (to be completed by the SEER PI):

☐   I have reviewed this request and agree to the release of the following unencrypted variables:

_____ None

_____ patient zip code   _____ unencrypted physician identification numbers (UPINs)

_____ patient census tract   _____ unencrypted hospital provider numbers

_____ provider zip code

Prior to submitting an article for publication, all outside researchers who use the SEER-Medicare data are required to provide a copy of the manuscript to NCI for review to insure that there are no confidentiality/privacy issues. If such a manuscript is received, would you like the review to be done by: ____ yourself ____ NCI staff?

_____   _____   _____
Date   SEER PI's Printed Name   SEER PI's signature

_____
Registry

Please forward this approval to Elaine Yanisko at IMS. This can be sent via e-mail to: yaniskoe@imsweb.com, by Fax at 301-680-8304 or by surface mail:

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